

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	CH G		10/27/00
O.I.P.E. CLASSIFIER			10/27/00
FORMALITY REVIEW	MB	863	11-27-00
RESPONSE FORMALITY REVIEW	mb	1030	4-9-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	
1	10/27/00
2	10/27/00
3	✓
4	✓ 0
5	✓
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12	
13	✓
14	✓
15	0
16	✓
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19	✓
20	✓
21	0
22	✓
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36	✓
37	✓
38	0
39	✓
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42	✓
43	✓
44	0
45	✓
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49	✓
50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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